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ABSTRACT

The present study examined the techniques that the elderly in North America and Portugal employ in coping with loneliness. The present study results indicated that cultural background does affect the manner in which the elderly cope with loneliness, particularly in their use of Reflection and acceptance, Distancing and denial, and Religion and faith. No gender differences were found in either culture, nor did culture influence the techniques which men employed to cope with loneliness. A significant difference was found where the mean subscale scores of Canadian and Portuguese women were compared. (Contains 27 references and 2 tables.) (GCP)

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LONELINESS IN OLD AGE: THE EFFECTS OF CULTURE ON COPING WITH IT

Summary

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Current research points out the pervasiveness of loneliness and its debilitating effects (Jones, Rose & Russell, 1990. Rokach & Brock, 1998). Largely, loneliness research tended to focus on individual factors, i.e. either on personality factors or lack of social contacts (Jylha & Jokela, 1990). However, if we accept the premise that loneliness is expressive of the individual's relationship to the community, then it is conceivable that the difference amongst cultures and the ways people's social relations are organized within them will result in cross-cultural variations in the way people perceive, experience and cope with loneliness.

The elderly frequently suffer from a variety of chronic ailments (Roy, 1986), death of friends or a spouse (Rabasca, 1999) and social isolation to varying degrees (Delisle, 1988). Old age often brings a "realignment" of public and private selves (Larson, 1990). Retirement and old age also brings a diminution in a person's role, within and outside of the family (Rosow, 1976). However, Larson (1990) and Vandervoort (1999) asserted that it is the *quality* rather then the quantity of one's social involvement which is more important. And so, although the elderly may spend less time interacting with others, their relationships may be more fulfilling and nurturing.

Those changing circumstances, life events and opportunities which the elderly face, undoubtedly affect the manner in which people experience, evaluate, and cope with life's demands. The present study is, in essence, a phenomenological study. Unlike other research (see Ernst & Cacioppo, 1999) it is not diagnostic in nature but rather, it aims at understanding, explaining, and highlighting the various strategies which the elderly use to cope with loneliness. The present study focused on the aged in two diverse populations: the North American one (as exemplified in this case by the Canadian participants) and the Portuguese. These two cultures differ geographically, religiously, economically and socially.

METHOD

Participants

One hundred and forty one participants were invited, on a volunteer basis to answer the loneliness questionnaire. The average age of the 141 participants was 66.2 years (range: 60-83) and the mean education was 9.65 years (range: 2-18). Fifteen percent of the participants were single, 38% married, and 47% widowed, separated, or divorced. Table 1 outlines the breakdown

of genders, age, and educational level within each culture.

The Loneliness Questionnaire

All 86 items in the questionnaire were taken from Rokach and Brock (1998). The strategies were grouped into six factors. Factor 1, Reflection and acceptance (14%) = being by one's self to become acquainted with one's fears, wishes and needs; and consequently, accepting one's loneliness and it's resultant pain; Factor 2, Self-development and understanding (5%) = the increased self-intimacy, renewal, and growth which are often the results of active participation in organized focused groups or of receiving professional help and support; Factor 3, Social support network (4%) = the re-establishing of social support network which can help one feel connected to and valued by others; Factor 4, Distancing and denial (3%) = denial of the experience and pain of loneliness by alcoholism, drug abuse, and other deviant behaviours; Factor 5, Religion and faith (3%) = the need to connect to and worship a divine entity. Through affiliation with a religious group and practising its faith one can gain strength, inner peace, and a sense of community and belonging; and Factor 6, Increased activity (3%) = active pursuit of daily responsibilities as well as fun-filled solitary or group activities, thus maximizing one's social contacts (See appendix A for sample items). Each of the six factors comprised a subscale and participants' scores are the sum of items they endorsed in each subscale. Kuder-Richardson internal consistency reliabilities were calculated and yielded the following alpha values: $F_1 = .89$; $F_2 = .74$; $F_3 = .60$; $F_4 = .55$; $F_5 = .70$; $F_6 = .55$. K-R alpha for the 86 item questionnaire was .94.

Procedure

Participants took an average of approximately fifteen minutes to complete the questionnaire. The general instructions required that the participants endorse the items which describe their loneliness experiences. They were assured of anonymity. Participants were recruited, on a volunteer basis, in community centres, centres for the aged, malls and physicians waiting rooms.

RESULTS

Table 1 outlines the breakdown of gender, marital status, educational level, and age. A gender by culture Chi square analysis ($X^2_{(1,1)} = 20.25$; $p < .001$) yielded significant differences amongst the two cultures. No significant marital status differences were found ($X^2_{(1,2)} = 3.08$,

n.s.). Age by culture one way ANOVA ($F_{(1,130)} = 1.80$; n.s.) found age not to be significantly different amongst the two cultures. Additionally, while the Portuguese sample completed on the average 8.98 grades, Canadians completed 11.29 grades. Consequently, a one way ANOVA ($F_{(1,115)} = 8.87$; $p<.001$) showed this to be a significant difference.

Table 2 compared the mean subscale scores on each of the five factors amongst the two cultural groups using a Mancova (age and gender were covaried). The Mancova ($F_{(6,108)} = 3.65$; $p<.001$) was significant and consequently univariate Ancovas (age and gender were covaried) for each of the subscales across cultures were conducted.

Results of the present study indicated that the Canadian elderly scored significantly higher than their Portuguese counterparts on Reflection and acceptance, Distancing and denial, and Religion and faith. The mean subscale scores of men and women in the two cultures were not significantly different as were not the mean scores of males across cultures. The mean scores of women across cultures was significantly different ($F_{(6,76)} = 2.30$; $p<.05$).

DISCUSSION

The present study examined the technique which the elderly in North America and Portugal employ in coping with loneliness. The present results indicated that cultural background does affect the manner in which the elderly cope with loneliness, particularly in their use of Reflection and acceptance, Distancing and denial, and Religion and faith. Interestingly, no gender differences were found in either culture, nor did culture influence the techniques which men employed to cope with loneliness. A significant difference was found where the mean subscale scores of Canadian and Portuguese women were compared.

The Reflection and acceptance subscale includes items which address the facing and accepting of loneliness, and the consequent enhancement of self- intimacy and inner search. This approach, which is so fundamental to coping with loneliness (Rokach & Brock, 1998) is most prescribed to by the aged in North America. It emphasizes self-growth, understanding and acceptance, and the 'golden years' offer the time and maturity for reflection on and acceptance, of one's journey through life (Brown, 1996).

The significantly lower subscale score of the Portuguese may indicate that either their culture promotes less reflection and self- search, that the elderly- who are very rooted in and surrounded by their families have less time to engage in such solitary activities, or that they do indeed engage in reflection, but do not consider it a coping strategy with loneliness.

Considerable diversity appears to exist among the coping strategies of the lonely (Rook, 1988), and as such people differ in their readiness to recognize or admit (to themselves and to others) that they are in pain due to feeling lonely (Booth, 1983; Rook & Peplau, 1982). Feared stigma and loneliness anxiety- defending against the fear of experiencing loneliness (see Moustakes, 1972) - may result in attempts to deny the experience either outright or by distancing oneself from the pain, feelings of failure, and restlessness and desperation which loneliness entails (Rook, 1988). Distancing and denial, addresses this issue and confirms the connection found between loneliness and alcoholism, drug abuse and other behavioual disorders or diviant behaviours (Rook 1984). Although previous writers (Moustakes, 1961, 1972; Rokach, 1990) emphasized the need to face and accept loneliness as the initial step of coping with its pain successfully, it is interesting that subjects of the present study found that such denial was indeed beneficial.

Self-generated social detachment, or the purposeful avoidance of interacting with others, was identified as an important facet of this factor. It has been suggested (Sullivan, 1953; Weiss, 1973) that loneliness is actually a driving force that motivates people to initiate social interactions, and intuitively one may agree that this could be beneficial in attempting to end loneliness. However, participants in the present study found that the acute pain, suffering, upheaval, and agony suffered while experiencing loneliness was so disturbing and unsettling that they felt they could not comfortably associate with others. On the contrary, they reported that the pain and vulnerability caused them to maintain some "space" or detachment from people, both as a measure of protecting their vulnerable self, and as an attempt to minimize further hurt that may be caused to them by failed attempts to associate with others.

An effect which the North American mechanized and atomistic society may have on its people is the need to appear connected, appealing, and romantically sought after, lest the person feels rejected and be seen as a failure (Gordon, 1976; Mijuskovic, 1992; Weintrob, 1987). As Rokach (1999) found, those who grow up in the relatively alienating North American culture with its emphasis on competitiveness and impersonal social relations appear to endorse Distancing and denial significantly more than those who were not brought up there. Results of the present study

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are consistent with that previous finding. North Americans scored significantly higher on Distancing and denial that their Portuguese counterparts, who may not feel the pressure and the need to appear as socially appealing and connected as North Americans do.

Although it has been reported that North Americans do indeed use prayer and the sense of belonging which attendance at religious services entails (Andre, 1991; Rokach & Brock, 1998) as a way of alleviating the gnawing pain of loneliness, it has not been reported as a widely held strategy that secular people use to cope with loneliness. It is therefore surprising and contrary to expectations that North Americans, rather than the Portuguese who grow up in a mostly Roman Catholic culture would use and benefit from prayer. These results contradict those of a previous study (Rokach, 1999) which suggested that the North American adults score lower on Religion and faith than those who were raised in more traditional and religious countries. It is, of course, possible that while the Portuguese elderly do indeed pray regularly, they do not consider it as a coping strategy but simply as a familiar way of life.

Examining the genders within each culture suggested no significant difference in the scores of men and women. Contrary to previous studies which examined the gender effects on coping with loneliness (Rokach & Brock, 1998; Rokach, Ramberan & Bacanli, 2000) the present results suggested that both elderly men and women in each culture cope similarly with loneliness. The same holds for men across cultures. However, women do appear to cope differently with loneliness, which may point out to cultural differences. Canadian and Portuguese women do not differ on any of the coping strategies but on Religion and faith. It is not suggested that the Canadian elderly women resort to prayer more than their Portuguese counterpart, but rather that they perceive their religiosity, prayers and participation in organized religious activities as helpful in coping successfully with loneliness.

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Table 1: Demographics

Population	N[1]	Marital Status			Education		Age	
		Single	Married	Divorced	M	SD	M	SD
Canada	36	3 (8%)	12 (33%)	21 (59%)	11.29 (2-16)	3.31	67.33 (60-80)	5.58
Men	19	1	10	8	10.42	2.04	67.00	5.44
Women	17	2	2	13	12.40	4.26	67.71	5.88
		$X^2_{(1,2)}=6.77^*$			$F_{(1,32)}=3.20$		$F_{(1,34)}=0.14$	
Portugal	105	18 (17%)	42 (40%)	45 (43%)	8.98 (2-16)	4.01	65.85 (60-83)	5.78
Men	16	1	8	7	6.23	4.04	66.88	6.01
Women	89	17	34	38	9.48	3.82	65.66	5.75
		$X^2_{(1,2)}=1.78$			$F_{(1,82)}=7.82^*$		$F_{(1,103)}=.59$	
Total	141	21 (15%)	54 (38%)	66 (47%)	9.65	3.95	66.23	5.75
Men	35	2	18	15	8.72	3.62	66.94	5.62
Women	106	19	36	51	10.00	4.03	65.99	5.80
		$X^2_{(1,2)}= .03$			$F_{(1,83)}=6.91^{**}$		$F_{(1,104)}= 1.79$	

[1] N's and percentages may not add up due to missing data. [2] in parenthesis = range

* p< .05 ** p< .001 *** p< .005

$X^2_{(1,1)}$ (gender by culture) = 20.25***

$X^2_{(1,2)}$(maristat by culture) = 3.08

$F_{(1,115)}$ (educ by culture) = 8.87**

$F_{(1,139)}$ (age by culture) = 1.80

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Table 2: Comparing Mean Subscale Scores of Loneliness Coping Strategies by Culture

Population	N[1]	Reflection and acceptance		Self-development and understanding		Social support network		Distancing and denial		Religion and faith		Increased activity	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Canada	36	8.31	5.58	1.55	1.34	2.58	1.86	0.81	1.31	1.64	1.44	1.30	1.49
Men	19	9.84	6.52	1.74	1.49	2.74	1.83	1.00	1.49	1.58	1.64	1.37	1.77
Women	17	6.59	3.79	1.35	1.17	2.41	2.12	0.59	1.06	1.71	1.21	1.23	1.15
MANCOVA[2] $F_{(6,28)}$=1.18													
Portugal	105	5.53	4.68	1.13	0.95	2.21	1.82	0.37	0.79	1.12	1.20	1.54	1.34
Men	16	5.92	5.19	0.85	0.80	2.08	1.66	0.15	0.38	0.84	1.28	1.15	1.28
Women	89	5.45	4.62	1.19	0.95	2.24	1.86	0.41	0.84	1.17	1.19	1.61	1.35
MANCOVA[3] $F_{(6,75)}$=1.07													
Total	141												
Men	35	8.25	6.24	1.38	1.34	2.47	1.65	0.66	1.23	1.28	1.53	1.28	1.57
Women	106	5.74	4.50	1.22	0.99	2.28	1.90	0.46	0.89	1.28	1.21	1.55	1.32
Overall MANCOVA[5] $F_{(6,108)}$=3.65***		$F_{(1,114)}$ = 3.70*		$F_{(1,114)}$ = 2.65		$F_{(1,114)}$ = 0.67		$F_{(1,114)}$ = 5.97**		$F_{(1,114)}$ = 8.14***		$F_{(1,114)}$=0.79	
MANCOVA Men[3] $F_{(6,24)}$=1.78													
MANCOVA Women[4] $F_{(6,76)}$=2.30*		$F_{(1,81)}$ = 2.49		$F_{(1,81)}$ = 0.41		$F_{(1,81)}$ = 0.53		$F_{(1,81)}$ = 1.57		$F_{(1,81)}$=5.98**		$F_{(1,81)}$=1.36	

* p< .05 ** p< .01 *** p< .001 **** p< .0001

[1] N's may not add due to missing data.
[2] Marital status was covaried.
[3] Education was covaried.
[4] Education and marital status were covaried.
[5] Education and gender were covaried.

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